# Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

19658

Application ID:

10065680

OPTO-ELECTRIC DEVICE FOR

MEASURING THE ROOT-MEAN-

Title of Invention:

**SQUARE VALUE OF AN** 

**ALTERNATING CURRENT** 

**VOLTAGE** 

First Named Inventor:

Stuart Kingsley

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

null

**Effective Receipt Date:** 

2002-11-08

Submission Type:

**Utility Patent Filing** 

Filing Type:

new-utility

**Confirmation Number:** 

0

**Attorney Docket Number:** 

D597.Con

cn=Phillip J. Pollick, ou=Registered Attorneys, ou=Patent and

Digital Certificate Holder:

Trademark Office, ou=Department of Commerce, o=U.S.

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**Certificate Message Digest:** 

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**Total Fees Authorized:** 

\$706.0

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## TRANSMITTAL FORM

10/065680 10/065680 11/08/02

Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket Number:

D597.Con

Submission Type: Utility Patent

**Filing** 

# OPTO-ELECTRIC DEVICE FOR MEASURING THE ROOT-MEAN-SQUARE VALUE OF AN ALTERNATING CURRENT VOLTAGE

First Named Inventor: Stuart A. Kingsley

SUBMITTED BY

Name:

Philip J. Pollick

Registration Number:

29692

Electronic Signature Mark: PJP

Date Signed: 20021108

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Attached Files:

declaration

Declar-1.tif

declaration

Declar-2.tif

declaration

Declar-3.tif

fee-transmittal

D597-Confee.xml

specification

ApD597Cn.xml

bibd-transmittal

D597-Conapds.xml

Attached Image File(s):

Declar-1.tif

Declar-2.tif

Declar-3.tif

### Comments:

Prior Application Information: Examiner: Vinh P Nguyen Group Art Unit: 2829



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DECLADATION FOR	LITH ITV OR	Attorney Doc	ket Number	D597	
DECLARATION FOR DESIGN	_	First Named I	nventor	Stuart A. Kingsley	
PATENT APPLI	•	la	OMPLETE IF	KNOWN	
(37 CFR 1.		Application Nu	ımber	09 /610,544	
_		Filing Date	July	4, 2000	
Submitted OR	Declaration Submitted after Ini	tial Group Art Unit			
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nan	ne		
ELECTRO-OPTICAL ROOT  the specification of which  is attached hereto  OR  was filed on (MWDD/YYYY)  Application Number 09/610,5  I hereby state that I have reviewed amended by any amendment specifications, material informer port international filing date of the	07/04/2000  07/04/2000  and understand the critically referred to about the information which is mation which became	amed and for which a positive of the Invention)  as United amended on (MM/DD/Y contents of the above id ove material to patentability available between the first	ERTER  States Application  YYY)  entified specific as defined in 37	on the invention entitled on Number or PCT International (if applicable)	
I hereby claim foreign priority ben certificate, or 365(a) of any PCT i America, listed below and have certificate, or any PCT internation	nternational application also identified below	on which designated at I by checking the box.	east one count any foreign ag	ry other than the United States of oplication for patent or inventor's	
Prior Foreign Application Number(s)	Country	Foreign Filing Dat (MM/DD/YYYY)	e Priority Not Claime	Certified Copy Attached?  YES NO	
Additional foreign application	numbers are listed on	a supplemental priority	data sheet PTO	/SB/02B attached hereto	
I hereby claim the benefit under					
Application Number(s)		ate (MM/DD/YYYY)			
60/143,118	July 09,		numbers are listed on a supplemental priority data sheet		

[Page 1 of 2]
Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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#### **DECLARATION** — Utility or Design Patent Application Customer Number OR X Direct all correspondence to: Correspondence address below or Bar Code Label 27734 Name Philip J. Pollick Address P.O. Box 141510 Address ZIP 43214-6510 OH City Columbus State United States of America 614 263 8990 Fax 614 263 2110 Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon ☐ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Given Name **Family Name** or Surname Kingsley (first and middle [if any]) Stuart A Inventor's Date Signature Residence: City Bexley State OH Country US Citizenship US Mailing Address 545 Northview Drive Mailing Address City Columbus ZIP 43209 Country US State OH ☐ A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** Given Name or Surname Sriram (first and middle [If any]) Sriram S 21 Jan 2001 Inventor's Date Signature Citizenship US Residence: City Powell State OH Country US Mailing Address 664 Petworth Court Malling Address **ZIP 43065** Country US State OH City Powell

[Page 2 of 2]

Additional inventors are being named on the \_1\_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1			
Name of Additional Joint Inventor, if a	ny:		A petition has been fi	iled for th	his unsigned inventor	
Given Name (first and middle [if any	1)		Family Na	me or S	urname	
Meindert		Kle	efstra			
Inventor's Signature					Date //30/0/	
Residence: City Salmon Creek	State WA		Country US		Citizenship NL	
Mailing Address 12401 Northeast 6th Cou	urt				•	
Mailing Address						
City Vancouver	State WA		ZIP 98685	Countr	y US	
Name of Additional Joint Inventor, if an	ny:		A petition has been file	ed for thi		
Given Name (first and middle [if any]	1)		Family Na			
Inventor's Signature		<del></del>			Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	Starte		ZIP	Cour		
Name of Additional Joint Inventor, if an		<b>-</b>	A petition has been filed			
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature					Date	
Residence: City			-			
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# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

**Small Business Concern** 

TOTAL FEES AUTHORIZED: \$ 706

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20040531

Authorized Name:

Philip J. Pollick

Billing Address:

43214

#### **BASIC FILING FEE**

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	2001	\$ 370

Subtotal For Basic Filing Fee: \$ 370

#### **EXTRA CLAIM FEES**

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	2202	\$ 9	0	\$ O
Independent Claims: 11	2201	\$ 42	8	\$ 336

Subtotal For Extra Claims Fees: \$ 336